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<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2008</h3>		<p>Complete if Known</p>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/727,189-Conf. #5186
		Filing Date	December 3, 2003
		First Named Inventor	Robert Pezzani
		Examiner Name	L. E. Roman
		Art Unit	2836
TOTAL AMOUNT OF PAYMENT		(\$)	460.00
		Attorney Docket No.	S1022.81078US00

<p>METHOD OF PAYMENT (check all that apply)</p>	
<input type="checkbox"/> Check <input type="checkbox"/> Deposit Account	<input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____
Deposit Account Number: 23/2825	Deposit Account Name: Wolf, Greenfield & Sacks, P.C.
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Credit any overpayments

<p>FEE CALCULATION</p>							
<p>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</p>							
	<p>FILING FEES</p>		<p>SEARCH FEES</p>		<p>EXAMINATION FEES</p>		
	<u>Small Entity</u>	<u>Small Entity</u>	<u>Small Entity</u>	<u>Small Entity</u>	<u>Small Entity</u>	<u>Small Entity</u>	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	
							<p>Small Entity</p>
<p>2. EXCESS CLAIM FEES</p>							<p>Fee (\$)</p>
<p>Fee Description</p>							<p>Fee (\$)</p>
Each claim over 20 (including Reissues)							25
Each independent claim over 3 (including Reissues)							105
Multiple dependent claims							185
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>			
-	=	x	=	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
<p>HP = highest number of total claims paid for, if greater than 20.</p>							
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>				
-	=	x	=				
<p>HP = highest number of independent claims paid for, if greater than 3.</p>							
<p>3. APPLICATION SIZE FEE</p>							
<p>If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</p>							
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
-	=	/50 =	(round up to a whole number) x	=			
<p>4. OTHER FEE(S)</p>							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1252 Extension for response within second month							460.00

<p>SUBMITTED BY</p>			
Signature	Robert A. Jensen	Registration No. (Attorney/Agent)	61,146
Name (Print/Type)	Robert A. Jensen	Date	July 21, 2008

<p>Certificate of Electronic Filing Under 37 CFR 1.8</p>	
<p>I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.8(a)(4).</p>	
Date: July 21, 2008	Signature: <i>J. A. Jensen</i>